



Can Educating Men on Maternal Mortality Align Fertility Preferences in Zambian Households?

The Maternal Mortality Risk and Male Involvement (MMRM) program completed its baseline survey in December 2014 and the project's researchers have been carefully analyzing the data to identify trends, patterns, and relationships which may offer insight into the mechanisms underlying discordant fertility preferences between husbands and wives in Lusaka's urban compounds.

Consistent with our theory of change, preliminary baseline data reveal that husbands desire a higher number of children than wives. The data also show that men are less likely to be aware of the causes of maternal mortality/mortality risk during pregnancy. Interestingly, we observe a significant relationship between conflicting fertility preferences and the probability of communicating about maternal risk: as husbands desire more children than their wives, wives' ability to convey information about maternal mortality decreases and husbands' likelihood of reacting poorly to communication increases. As such, we theorize that women facing high conflict of fertility preferences will showcase higher demand for maternal mortality training for their husbands from a neutral party. Recent focus group meetings in the Ngabwe compound support this hypothesis, with many women sharing that they would feel unresponsive, uncomfortable, and/or ineffective in educating their husbands on maternal mortality and would thus prefer an external party deliver the message.

To test this, we are piloting a new evaluation that will measure willingness of wives to pay for maternal mortality education for their husbands. Similarly, we will measure changes in husbands' willingness to pay for family planning in response to maternal mortality training. Final piloting of these new measures continues, and we look forward to sharing the updated research design with the health ministries and appropriate research ethics review boards in the coming weeks.

The MMRM evaluation examines whether providing information about maternal mortality risk affects desired fertility and contraceptive use. In addition—through testing the curriculum to husbands versus wives—we hope



to learn how this information spreads in the household, shedding light on the extent to which intra-household information sharing determines household behavior. Researchers: Naveed Akhter (Harvard), Erica Field (Duke), Alexander Iltis (University of Chicago), Roberto Jasso (Paris School of Economics)

Career Incentives Improve Community Health Assistant (CHA) Performance and Health Outcomes in Rural Zambia

Endline data collection for the Community Health Assistants (CHAs) evaluation of career versus social incentives in recruitment was completed in February, with four survey teams surveying a total of 752 households across 47 districts in rural Zambia. Analysis of household endline data is ongoing, and findings will be incorporated into a working paper on CHA performance as well as shared in this bulletin. Earlier results show that CHAs recruited through career incentives conducted 26 percent more household visits, organized twice as many community meetings, and saw an equal number of patients at the health facility, with no differences in retention. In addition, career incentives increased the number of women giving birth at the health facility by 31 percent. Children under five were also more likely to receive care, with health centers served by career CHAs providing 24 percent more health checks, 21 percent more weight checks, and 20 percent more immunizations against polio. The latest wave of data collection will further enable us to see if the career treatment improves health knowledge, practices, and outcomes at the household level.

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